

## CHAPTER 1

## GENERAL

| SECTION | SUBJECT  |
|---------|--|
| 1       | Network Provider Reimbursement   |
| 2       | Accommodation Of Discounts Under Provider Reimbursement Methods  |
| 3       | Rebundling Of Procedure Codes  |
| 4       | Reimbursement In Teaching Setting  |
| 5       | National Health Service Corps Physicians Of The Public Health Service  |
| 6       | Reimbursement Of Physician Assistants And Nurse Practitioners  |
| 7       | Reimbursement Of Covered Services Provided By Individual Health Care Professionals And Other Non-Institutional Health Care Providers |
| 8       | Economic Interest In Connection With Mental Health Admissions  |
| 9       | Anesthesia   |
| 10      | Postoperative Pain Management  |
| 11      | Durable Medical Equipment Claims: Basic Program  |
| 12      | Oxygen And Related Supplies  |
| 13      | Laboratory Services  |
| 14      | Ambulance Services   |
| 15      | Legend Drugs And Insulin   |
| 16      | Surgery  |
| 17      | Assistant Surgeons   |
| 18      | Professional Services: Obstetrical Care  |
| 19      | Skilled Nursing Services   |
| 20      | Charges For Provider Administrative Expenses   |
| 21      | State Agency Billing   |
| 22      | Hospital Reimbursement - Billed Charges Set Rates  |
| 23      | Hospital Reimbursement - Other Than Billed Charges   |
| 24      | Hospital Reimbursement - Payment When Only SNF Level Of Care Is Required   |
| 25      | Hospital Reimbursement - Outpatient Services   |

| SECTION    | SUBJECT   |
|------------|---|
| 26         | Preferred Provider Organization (PPO) Reimbursement                         |
| 27         | Supplemental Insurance  |
| 28         | Legal Obligation To Pay   |
| 29         | Reduction Of Payment For Noncompliance With Utilization Review Requirements |
| 30         | Reimbursement Of Emergency Inpatient Admissions To Unauthorized Facilities  |
| 31         | Reimbursement Of Certain Prime Travel Expenses                              |
| 32         | Newborn Charges   |
| 33         | Hospital-Based Birthing Room  |
| <b>34</b>  | <b>Bonus Payments In Health Professional Shortage Areas (HPSA)</b>          |
| ADDENDUM A | Sample State Agency Billing Agreement                                       |
| ADDENDUM B | Suggested Wording To The Beneficiary Concerning Rental vs. Purchase Of DME  |